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PTO/SB/22 (01-08)
Approved for use through 04/30/2008. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UN	Docket Number (Optional)			
FY 2008 (Fees pursuant to the Consolidated Appropriation	MIY-P03-006			
Application Number 10/7	774,826	Filed February 9, 2004		
For DEVICES FOR MINIMALLY INVASIV	E PELVIC SURGERY			
Art Unit 3735		Examiner	John P. Lacyk	
This is a request under the provisions of 37 CFF application.	R 1.136(a) to extend the period	od for filing a reply ir	n the above identified	
The requested extension and fee are as follows	(check time period desired a	and enter the approp	oriate fee below):	
One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	<u>e</u> \$	
x Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$ 460.00	
Three months (37 CFR 1.17(a)(3	\$)) \$1050	\$525	\$	
Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$	
Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$	
Applicant claims small entity status. S	see 37 CFR 1.27.			
A check in the amount of the fee is end				
Payment by credit card. Form PTO-20	038 is attached.			
x The Director has already been authoric		pplication to a Dep	osit Account.	
X The Director is hereby authorized to ch	_			
Deposit Account Number 18-1	945 . I have enclo	sed a duplicate co	py of this sheet.	
WARNING: Information on this form may be Provide credit card information and author	ecome public. Credit card Info rization on PTO-2038.	ormation should not l	pe Included on this form.	
I am the applicant/inventor.				
	e entire interest. See 37 CF 7 CFR 3.73(b) is enclosed.		5).	
	rd. Registration Number	57,415		
attorney or agent under	37 CFR 1.34.			
Registration number if	acting under 37 CFR 1.34			
and Marken		Jul	y 1, 2008	
Signature	_		Date	
Carl A. Morales, Ph. Typed or printed na) 951-7000 none Number	
NOTE: Signatures of all the inventors or assignees of receithan one signature is required, see below.	ord of the entire interest or their repre	•	בַּוֹ	
X Total of forms	are submitted.			
			75 1-	
I hereby certify that this paper (along with any paper refer	and to an holon attached as ancien	ad) in bains described	**************************************	
the date shown below with sufficient postage as First Clar 1450, Alexandria, VA 22313-1450.	ss Mail, in an envelope addressed	to: MS AF, Commission	ner for Patents, P.O. Box	
Dated: July 1, 2008 Signature:	da Blake "	Linda Blake)	rith the U.S. Postal Service on her for Patents, P.O. Box	
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I hereby certify that this paper (along with any pa	per referre	d to as b	eing attached	d or enclosed) i	s being d	leposited with	the U.S. P	ostal Service o
the date shown below with sufficient postage as I	irst Class	Mail, in a	in envelope a	addressed to: I	MS AF. C	commissioner	for Patents	P.O. Box
1450, Alexandria, VA 22313-1450.	\wedge		_					

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008	Docket Number (Optional) MIY-P03-006						
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)							
Application Number 10/774,826	Filed	February 9, 2004					
For DEVICES FOR MINIMALLY INVASIVE PELVIC SURGERY							
Art Unit 3735 Examiner John P. Lacyk							
This is a request under the provisions of 37 CFR 1.136(a) to extend the peri- application.	od for filing a reply	in the above identified					
The requested extension and fee are as follows (check time period desired a	and enter the appro	opriate fee below):					
<u>Fee</u>	Small Entity F	<u>ee</u>					
One month (37 CFR 1.17(a)(1)) \$120	\$60	\$					
x Two months (37 CFR 1.17(a)(2)) \$460	\$230	\$ 460.00					
Three months (37 CFR 1.17(a)(3)) \$1050	\$525	\$					
Four months (37 CFR 1.17(a)(4)) \$1640	\$820	\$					
Five months (37 CFR 1.17(a)(5)) \$2230	\$1115	\$					
Applicant claims small entity status. See 37 CFR 1.27.							
A check in the amount of the fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.							
The Director has already been authorized to charge fees in this a	application to a De	eposit Account.					
The Director is hereby authorized to charge any fees which may	be required, or cre	edit any overpayment, to					
	osed a duplicate c	• • • •					
WARNING: Information on this form may become public. Credit card info Provide credit card information and authorization on PTO-2038.	ormation should not	t be included on this form.					
I am the applicant/inventor.							
assignee of record of the entire interest. See 37 CI							
Statement under 37 CFR 3.73(b) is enclosed.	•	96).					
attorney or agent of record. Registration Number	57,415						
attorney or agent under 37 CFR 1.34.							
Registration number if acting under 37 CFR 1.34							
Signature	July 1, 2008 Date						
Carl A. Morales, Ph.D.							
Typed or printed name	(617) 951-7000 Telephone Number						
NOTE: Signatures of all the inventors or assignees of record of the entire Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
X Total of 1 forms are submitted.							

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Dated: July 1, 2008 Signature: (Linda Blake)

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
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7			Complete if Known					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 10/774,826					
FEE TRANSMITTAL			Filing Date	F	February 9, 2004			
			First Named In	ventor B	Barry N. Gellman			
For FY 2008			Examiner Name John P. Lacyk					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	Art Unit 3735				
TOTAL AMOUN	T OF PAYMENT	(\$) 460.00	Attorney Docket	No. N	11Y-P03-006			
METHOD OF	PAYMENT (check	all that apply)						
Check	Credit Card	Money Order N	one Other	(please identify):			
x Deposit Ac	count Deposit Account I	Number: 18-1945	Deposit	Account Name:	Ropes	& Gray L	LP	
For the	above-identified depo	sit account, the Director	is hereb <u>y a</u> uthoriz	ed to: (check	call that apply)			
хC	harge fee(s) indicated	I below	Charg	ge fee(s) indi	cated below, ex	cept for t	ne filing fee	
	harge any additional fee(s) under 37 CFR 1.	ee(s) or underpayments 16 and 1.17	of x Credit	t any overpa	yments			
FEE CALCU	LATION							
1. BASIC FILIN	IG, SEARCH, AND E	KAMINATION FEES						
	FII		EARCH FEES		ATION FEES			
Application T	ype Fee (\$	Small Entity Fee (\$) Fee	Small Entity \$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)	
Utility	310	155 510	255	210	105			
Design	210	105 100	50	130	65			
Plant	210	105 310	155	160	80			
Reissue	310	155 510	255	620	310			
Provisional	210	105	0	0	0			
2. EXCESS CL	AIM FEES						Small Entity	
Fee Description		,				Fee (\$)	Fee (\$)	
	r 20 (including Reiss	•				50	25	
Multiple depen	ent claim over 3 (includent claims	iding Keissues)			•	210 370	105 · 185	
Total Claims	Extra Claims	Fee (\$) Fee	Paid (\$)	Min	Itiple Depende		103	
Total Clairis	- =)		1 810 (4)	Fee		ee Paid (\$	3)	
HP = highest num	ber of total claims paid for			100	<u> </u>	00 1 0.0 1	4	
Indep, Claims	Extra Claims	Fee (\$) Fee	Paid (\$)					
UD = highest num	- = X	poid for if greater than 3						
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1252 Extension for response within second month 460.00								
SUBMITTED BY								
Signature	lul Mil	2_	Registration No. (Attorney/Agent)	57,415	Telephone	(617) 95	1-7000	
Name (Print/Type) Carl A. Morales, Ph.D.					Date	July 1,	2008	

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Dated: July 1, 2008 Signature: Villa

PTO/SB/17 (10-07)
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o a collection of information unless it displays a valid OND page to the control of t

Under the Pa	aperwork Reduction Act	of 1995, no person ar	e required to	respond to a collect				3 control number	
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						10/774,826			
FEE TRANSMITTAL							February 9, 2004		
For FY 2008				First Named In		Barry N. Gellm			
[]	Examiner Name	e	John P. Lacyk	 					
	nt claims small entity st			Art Unit		3735			
TOTAL AMOUN	T OF PAYMENT	(\$) 460.0	00	Attorney Docke	t No.	MIY-P03-006			
METHOD OF	PAYMENT (chec	k all that apply)							
Check	Credit Card	Money Order	No	ne Other	(please ident	ify):			
X Deposit A	ccount Deposit Accour	nt Number: 1	8-1945	Deposi	t Account Nan	ne: Ropes	s & Gray L	LLP	
For the	above-identified de	posit account, the	Director is	hereby authoriz	ed to: (che	eck all that apply)			
×c	charge fee(s) indicate	ed below		Char	ge fee(s) ir	ndicated below, ex	cept for t	he filing fee	
	harge any additiona ee(s) under 37 CFR		ayments o	f x Credi	t any over	payments			
FEE CALCU	LATION								
1. BASIC FILIN	IG, SEARCH, AND	EXAMINATION F	EES						
	F	ILING FEES		ARCH FEES		NATION FEES			
Application T	ype Fee	Small Entity (\$) Fee (\$)	<u>/</u> Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)	
Utility	310) 155	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310) 155	510	255	620	310			
Provisional	210) 105	0	0	0	0			
2. EXCESS CL	AIM FEES							Small Entity	
Fee Description	1						Fee (\$)	Fee (\$)	
	r 20 (including Reis						50	25	
	ent claim over 3 (inc	luding Reissues)					210	105	
Multiple depen	dent claims						370	185	
Total Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)	<u>N</u>	lultiple Depende	nt Claims		
HD - highest num	ber of total claims paid f	x =			<u> </u>	<u>ee (\$)</u> <u>F</u>	ee Paid (\$	<u>s)</u>	
indep. Claims	Extra Claims	Fee (\$)	Fee F	aid (\$)	-				
indep. diamis	- =	x =		uiu (v)					
HP = highest num	ber of independent clain	ns paid for, if greater t	han 3.						
3. APPLICATIO									
	ation and drawings							•	
	der 37 CFR 1.52(e)) raction thereof. See					entity) for each ac	Iditional 50	0	
Total Sheet				dditional 50 or fra		of Fee (\$)	Fool	Paid (\$)	
·	- 100 =						<u>, cc.</u> -	1 ala (4)	
4. OTHER FEE				(iound up to a iii	0.0 (1011.501)	^	Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1252 Extension for response within second month 460.00									
SUBMITTED BY , 0 11 A									
Signature	tal Illa	lr_		Registration No. (Attorney/Agent)	57,415	Telephone	(617) 95	1-7000	
Name (Print/Type)	Carl A. Morales,	Ph.D.				Date	July 1,	2008	

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